

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037571

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 3003 Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MonettLength of stay in lb
4 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Vincents HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Lawrence

c. CITY OR TOWN Pierce City

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
NewmanReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Domino

(None)

Washeck

4. DATE OF DEATH

Month

Day

Year

10

29

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/8/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Blacksmith10b. KIND OF BUSINESS OR INDUSTRY
XXXXXXXXXXXX11. BIRTHPLACE (City and state or country)
Barry County Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joe Washeck

13b. MOTHER'S MAIDEN NAME

Anna Kuklenski

14. NAME OF HUSBAND OR WIFE

Mrs. Domino Washeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes MW 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Domino Washeck RR# 2 Pierce City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Concussion

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1) Basilar skull fracture 2) Rupture of bronchus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile accident

20c. TIME OF INJURY

Hour

Month, Day, Year

3:50

p.m.

10-25-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hwy 97-4mi soz

20f. CITY, TOWN, OR LOCATION

Pierce city

COUNTY

Barry

STATE

Mo

21. I attended the deceased from 10-26-62 to 10-29-62 and last saw him live on 10-29-62

Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F. J. Edwards M.D.

22b. ADDRESS

Monett, Mo

22c. DATE SIGNED

10-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/31/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Peters & Pauls

23d. LOCATION (City, town, or county)

Pulaskifield, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wm. J. Wessell Pierce City, Mo.

25. DATE RECD. BY LOCAL REG.

10-30-62

26. REGISTRAR'S SIGNATURE

Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

NOV 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. Gordon Bennett

Licensed Embalmer No. 4513

P. O. Address Monroeville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.